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PTO/SB/81 (04-05)

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/584720
	<b>Filing Date</b>	12/22/2004
	<b>First Named Inventor</b>	Gebhardt
	<b>Title</b>	PROCESS FOR THE PREPARATION OF TRIAZOLOPYRIMIDINES
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket No.</b>	64,957A

I hereby revoke all previous powers of attorney given in the above-identified application.

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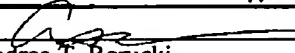
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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

<b>Signature</b>		<b>Date</b>	01/18/2008
<b>Name</b>	Andrea T. Borucki	<b>Telephone</b>	317-337-4820
<b>Title and Company</b>	General Patent Counsel, Dow AgroSciences LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.